

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35406

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1053

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN		c. CITY OR TOWN <b>Lincoln</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>-----</b>	
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>-----</b> Last <b>Bunch</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>28</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 10, 1882</b>
9. AGE (In years last birthday) <b>75</b>		10. FUNDING YEAR Months <b>-----</b> Days <b>-----</b> Hours <b>-----</b> Min. <b>-----</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Zachary Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Thomas</b>	
14. NAME OF HUSBAND OR WIFE <b>-----</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Fred Davis--Lincoln, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Arterio-sclerotic Nephrosis</b> DUE TO (c) <b>-----</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Large Uterine Fibroid</b>		INTERVAL BETWEEN ONSET AND DEATH <b>446 X</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>-----</b>	
20c. TIME OF INJURY Hour <b>-----</b> a.m. <b>-----</b> p.m. <b>-----</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-----</b>		20f. CITY, TOWN, OR LOCATION <b>Lincoln, Missouri</b>	
21. I attended the deceased from <b>July 57</b> to <b>10/28/57</b> and last saw her alive on <b>10-26-57</b> Death occurred at <b>10:00a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree of title) <b>Edith Williamson</b>	
22b. ADDRESS <b>Springfield</b>		22c. DATE SIGNED <b>10-28-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Oct 30, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>-----</b>		23d. LOCATION (City, town, or county) (State) <b>Lincoln, Missouri</b>	
24. FUNERAL DIRECTOR <b>Sammy</b>		25. DATE RECD. BY LOCAL REG. <b>11-1-57</b>	
26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		27. (Licensed Embalmer's Statement on Reverse Side)	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
\_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.